

DOTD EMPLOYEE OF THE YEAR NOMINATION FORM

EMPLOYEE NAME: _____
TITLE: _____ YEAR: _____
SECTION/DISTRICT: _____ GANG: _____
NOMINATED BY: _____

The following factors are considered when selecting the recipients of this award. Please provide specific information regarding the nominee and his/her accomplishments during the year under each appropriate factor. (Supporting documentation may be attached to the nomination form.) **NOTE:** While all of the nominees' accomplishments are considered, emphasis is placed on those during the year.

1. Employees' Overall Job Performance:

2. Special Accomplishments:

3. Significant Contributions (job related):

4. Awards, Recognitions, Honors:

COMMITTEE USE ONLY

Received On: _____ Year Considered: _____

Committee

Recommendation: _____